

District of Columbia

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State CARE Act Program Profile

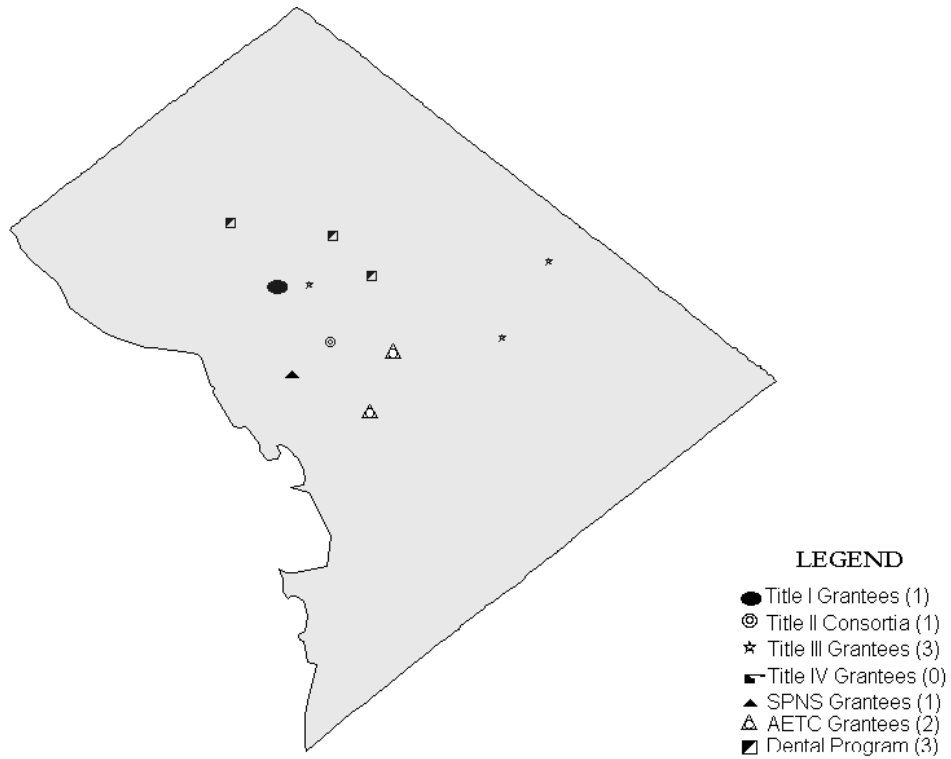
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$12,763,696	\$15,838,868	\$16,710,726	\$45,313,290
Title II (including ADAP)	\$3,332,588	\$5,490,772	\$7,719,573	\$16,542,933
ADAP	(\$800,064)	(\$2,613,341)	(\$4,664,462)	(\$8,077,867)
Title III	\$803,742	\$1,232,285	\$1,232,285	\$3,268,312
Title IV	\$759,054	\$369,248	\$0	\$1,128,302
SPNS	\$382,924	\$430,957	\$468,195	\$1,282,076
AETC	\$407,030	\$305,272	\$410,000	\$1,122,302
Dental	\$107,923	\$187,293	\$218,011	\$513,227
Total	\$18,556,957	\$23,854,695	\$26,758,790	\$69,170,442

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

	1996	1997	1998
Title I	1	1	1
Title III	2	3	3
Title IV	1	1	0
SPNS	1	1	1
AETC (grantee or subcontractor)	2	2	2
Dental	3	3	3

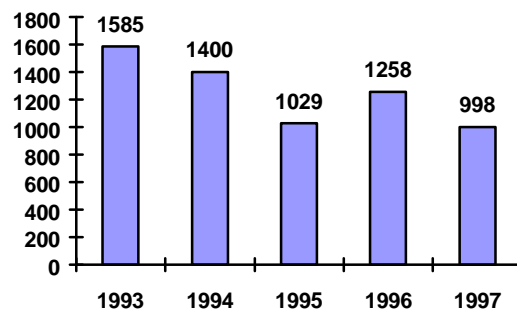
Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: District of Columbia (Pop. 528,964)

- ▶ Persons reported to be living with AIDS through 1997: 4,461
- ▶ New AIDS Cases by Calendar Year, 1993-1997

- ▶ State reporting requirement for HIV: No HIV reporting
- ▶ State AIDS Cases (cumulative) since 1993: 6,270 (2% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	73%	78%
Women (13 years and up):	27%	22%

	State-Specific Data	National Data
<13 years old :	1%	1%
13-19 years old :	0%	1%
20+ years old :	98%	98%

	State-Specific Data	National Data
White:	11%	33%
African American:	85%	45%
Hispanic:	4%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	0%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	32%	35%
Injecting drug user (IDU):	35%	24%
Men who have sex with men and inject drugs (MSM/IDU):	3%	4%
Heterosexual contact:	18%	13%
Other, unknown or not reported:	12%	24%

Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	100%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	0%	8%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
TB (1997)	20.8	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** ADAP access; emergency financial assistance; child care; substance abuse treatment; transportation; housing; primary care for women/children; case management; employment and nutrition services; co-location of HIV/STD/TB services; and outreach/education for at-risk populations
- ▶ **Emerging Needs:** increase of HIV in adolescents, women and children; increased life expectancy with new therapies; HIV as a chronic disease; decreased public interest; employment; and changing immigration laws affecting benefits

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	200% FPL

*Income eligibility for State's ADAP program is 300% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	No
Refill limit:	Yes
Quantity Limit:	Yes

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

1915(b) waiver(s): Yes

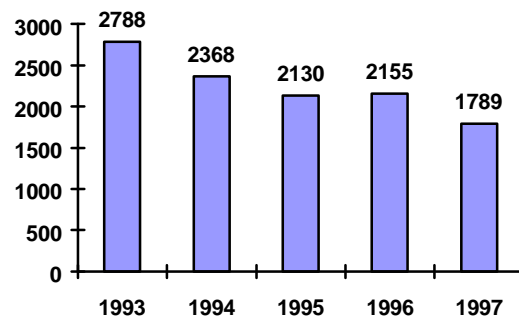
Title I: District of Columbia

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: District of Columbia, Calvert, Charles, Frederick, Montgomery, Prince George's, Alexandria (City), Arlington, Clarke, Culpepper, Fairfax City, Fairfax, Falls Church (City), Fauquier, Fredericksburg (City), King George, Loudon, Manassas (City), Manassas Park (City), Prince William, Spotsylvania, Stafford, Warren, Berkeley, and Jefferson Counties

- ▶ Estimated number of people living with AIDS at the end of 1997: 8,332
- ▶ AIDS Cases (cumulative) since 1993: 11,230 (3% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	74%	73%	78%
Women (13 years and up):	26%	27%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	1%	2%	2%
20+ years old:	99%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	18%	11%	33%
African American:	76%	85%	45%
Hispanic:	5%	4%	21%
Asian/Pacific Islander:	1%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	35%	32%	35%
Injecting drug user (IDU):	28%	35%	24%
Men who have sex with men and inject drugs (MSM/IDU):	3%	3%	4%
Heterosexual contact:	18%	18%	13%
Other, unknown or not reported:	17%	12%	24%

(Adults only)

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$7,186,837	\$8,411,575	\$8,950,532	\$24,548,944
Supplemental	\$5,576,859	\$7,427,293	\$7,760,194	\$20,764,346
Total	\$12,763,696	\$15,838,868	\$16,710,726	\$45,313,290

Allocation of Funds

	1998
Health Care Services	\$6,852,872/41%
Medications	\$3,240,334/19%
Case Management	\$1,785,110/11%
Support Services	\$3,453,827/21%
Administration, Planning and Program Support	\$1,378,584/8%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 56
- ▶ PLWH on planning council: 22 (39%)

Gender of Planning Council Members

Men:	55%
Women:	45%

Race/Ethnicity of Planning Council Members

White:	39%
African American:	50%
Hispanic:	9%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	2%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

Clients Served (duplicated count), FY 1996:	13,410
Men:	69%
Women:	30%
Other, unknown or not reported:	1%

<13 years old:	5%
13-19 years old:	1%
20+ years old:	93%
Other, unknown or not reported:	1%

White:	19%
African American:	69%
Hispanic:	6%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	6%

Men who have sex with men (MSM):	38%
Injecting drug user (IDU):	21%
Men who have sex with men and inject drugs (MSM/IDU):	4%
Heterosexual contact:	33%
Other, unknown or not reported:	4%

► **Improved Patient Access**

- During FY 1997, the number of clients receiving primary health care increased by 110% from 1,196 clients in FY 1996 to 2,503 in FY 1997. In addition, there was a 131% increase in utilization of Emergency Financial Assistance services.
- The grantee attributed these increases, in part, to the impact of the District's elimination of several safety net programs e.g., General Public Assistance, at the same time that the incidence of HIV infection was increasing rapidly among women of childbearing age. When a woman with dependents is diagnosed with HIV disease and is eligible for supportive services, her dependents also become eligible, necessitating greater resources. The Planning Council approved increased funding for Emergency Financial Assistance in late FY 1997 in response to the increased demand.
- The Title I program added three new services in FY 1997: 1) a contract with the HIV Community Coalition to provide "access advocacy," an outreach service to HIV-infected persons who are underserved or not yet in care, designed to link them to case-managed HIV care and treatment, and to provide information and support needed to assist them in treatment compliance; 2) permanency planning services for children and adolescents, funded through Children's Hospital and Terrific, Inc.; and 3) physician-prescribed complimentary therapies.
- During FY 1997, children and adolescents with HIV disease had access to nationally renowned state-of-the-art medical and related health care services. Diverse, multi-disciplinary and multi-ethnic staff are dedicated to providing the best quality care, and are also involved in community training and education. In addition, the Parrott Clinic was opened in 1997, as a result of collaboration between the Washington Hospital Center and the Children's Hospital. Although there were some delays in opening, the clinic facilitates expanded coordinated care for families, providing "one-stop shopping" for services to the most vulnerable segment of the target population.

► **Improved Patient Outcomes**

- Psychosocial Support Services, focusing on black gay and bisexual men living with HIV/AIDS, has successfully adapted to the changing needs of clients. For example, a support group was established for men taking protease inhibitors to reinforce adherence and to provide the latest treatment information.

► **Other Accomplishments**

- Health care service delivery systems were improved in FY 1997 through greater coordination between Title I providers, e.g., monthly Home Health Care Providers Advisory meetings to foster greater cooperation between vendors leading to better care for clients.

Title II: District of Columbia

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$3,332,588	\$5,490,772	\$7,719,573	\$16,542,933
ADAP (included in Title II grant)	(\$800,064)	(\$2,613,341)	(\$4,664,462)	(\$8,077,867)
Minimum Required State Match	\$1,666,294	\$2,745,386	\$3,859,787	\$8,271,467

Allocation of Funds

	1998
Health Care (State Administered)	\$4,647,267/60%
Home and Community Care	(\$300,000)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$4,347,267)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$1,679,316/22%
Health Care*	(\$622,711)
ADAP/Treatment	(\$0)
Case Management	(\$1,056,605)
Support Services**	(\$0)
Administration, Planning and Evaluation (Total State/Consortia)	\$1,392,954/18%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 1

Consortium Name	Location	Service Area	Title II Funding, FY 1997
DC CARE Consortium	Washington	Citywide	\$1,388,535

Accomplishments

Clients Served (duplicated count), FY 1996:	6,640
Men:	71%
Women:	28%

<13 years old:	6%
13-19 years old:	1%
20+ years old:	92%
Other, unknown or not reported:	1%

White:	20%
African American:	68%
Hispanic:	6%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	5%

Men who have sex with men (MSM):	46%
Injecting drug user (IDU):	20%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Heterosexual contact:	27%
Other, unknown or not reported:	4%

► **Improved Patient Access**

- The D.C. ADAP has grown significantly over the past two years with 390 total clients served in 1995, 568 in 1997, and 832 enrolled as of July 1998, representing an increase of 113% overall.
- The reported number of individuals receiving office-based primary health care services grew from 220 clients at one provider site in 1995 to 5,610 clients served by seven providers in 1996.
- The provided services included 13,846 medical visits, 2,225 dental visits, 10,463 mental health services visits, and 6,082 substance abuse treatment and counseling visits.
- As of December 1997, the ADAP advisory body had expanded the formulary to 45 drugs including the newest protease inhibitors.

► **Improved Patient Outcomes**

- Several media campaigns and special outreach programs conducted during FY 1997 resulted in increases in program utilization among women and African Americans, although enrollment among Hispanic residents has not increased as rapidly. The EMA implemented more intense ADAP program marketing and outreach among Spanish-speaking communities in FY 1998 in an effort to expand access.

► **Cost Savings**

- In 1997, the grantee designed and implemented a value purchasing plan for ADAP pharmaceuticals that is expected to save approximately \$943,000 in drug costs annually, or approximately 28% of budgeted resources in FY 1997. As a result, the ADAP was able to drop the cap on client enrollment for FY 1997 and FY 1998 and aggressively seek to add new clients.

► **Other Accomplishments**

- In cooperation with the Title I program and the Department of Health/Agency for HIV/AIDS, the grantee coordinated the development of a three-year AIDS Plan for the District of Columbia.
- The Case Management Operating Committee continued as the central planning and coordination body for the District, organizing bimonthly training for all case managers and orienting 19 new case managers; updating the quality assurance protocols; establishing strategic case management goals; and focusing on improving access to ADAP. Specialized case management services were established targeting underserved populations; by the third quarter of 1997, all 12 providers had reached at least 75% of their client targets.

AIDS Drug Assistance Program (ADAP): District of Columbia

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$1,403,064	\$3,359,157	\$4,664,462	\$9,426,683
State Funds	\$147,000	\$1,000,000	\$800,000	\$1,947,000
Other: Title I	\$800,000	\$1,160,873	\$1,150,873	\$3,111,746
Total	\$2,350,064	\$5,520,030	\$6,615,335	\$14,485,429

Program

- ▶ Administrative Agency: Comm. of Public Health
- ▶ Formulary: 49 drugs, 5 protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: Yes
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: In 1998, the District of Columbia HIV/AIDS Drug Advisory Committee (HADAC) had seven active members, including an ADAP client.
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	984
Number using ADAP each month:	396
Percent of clients on protease inhibitors:	20%
Percent of active clients below 200% FPL:	82%

Title III: District of Columbia

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	2	3	3	
Total Title III funding in State	\$803,742	\$1,232,285	\$1,232,285	\$3,268,312

Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 2 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 7,217
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 2,735
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 842
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
 - ▶ under 200: 45%
 - ▶ from 200 to 499: 17%
 - ▶ above 500: 39%

Accomplishments

Clients served (primary care only), 1996:	2,735
Men:	79%
Women:	21%
<13 years old:	0%
13-19 years old:	1%
20+ years old:	99%

White:	23%
African American:	70%
Hispanic:	6%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	1%
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Men who have sex with men (MSM):	41%
Injecting drug user (IDU):	22%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	22%
Receipt of blood transfusion, blood components, or tissue:	1%
Other, unknown or not reported:	11%

► **Improved Patient Access**

- From 1995 to 1997, the ratio of visits per client increased from 3.9 to 7.8 visits per year at the Whitman-Walker Clinic. Over the six-year grant period, the Elizabeth Taylor Medical Center provided more than 60,000 clinic visits. The increase in the ratio of visits had a positive impact on the quality of care for the clients served.
- In 1996, the Whitman-Walker Clinic expanded services to the suburbs of Maryland and Northern Virginia. During all clinic hours, Spanish-speaking or bilingual staff members are available at the Whitman-Walker Clinic.
- Unity Health Care has been and continues to be the largest provider of HIV/AIDS services to the at-risk-for-homelessness and homeless populations within the District of Columbia. In 1996, more than 480 HIV-infected clients were served, representing a 9% increase from the previous year.

► **Improved Patient Outcomes**

- In 1997, the grantee reported that 99% of the clients enrolled in the Whitman-Walker Clinic were on double or triple combination therapy.

► **Cost Savings**

- The Whitman-Walker Clinic re-negotiated contracts with referral laboratories to provide more favorable rates. The negotiated price for viral load testing decreased from \$125 per test to \$95 per test.
- Through a contract with Sibley Hospital, Unity Health Care has expanded access to free hospitalization for the enrolled clients.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Family and Medical Counseling	Washington	Washington, DC	Non-329/330/340 Health Center
Unity Health Care	Washington	Washington, DC	Homeless Clinic
Whitman-Walker Clinic	Washington	Washington, DC	Non-329/330/340 Health Center

Title IV: District of Columbia

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	1	1	0	
Total Title IV Funding	\$759,054	\$369,248	0	\$1,128,302

HIV-Infected and Affected Clients Served in 1996 by Title IV Grantees in State

Pregnant adolescents and women:	8%
Women with children:	10%
Adolescents/young adults:	3%
Children:	42%
Infants:	27%
Clients with AIDS/HIV Infection:	52%

Accomplishments

All clients served, 1996:	259
Men:	9%
Women:	91%
(Adolescents and adults only)	
<13 years old:	68%
13-19 years old:	3%
20+ years old:	28%

White:	2%
African American:	95%
Hispanic:	0%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	3%

Men who have sex with men (MSM):	0%
Injecting drug user (IDU):	0%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Hemophilia/coagulation disorder:	0%
Heterosexual contact, non IDU:	2%
Receipt of blood transfusion, blood components, or tissue:	1%
Pediatric Exposure:	56%
Other, unknown or not reported:	40%

► **Improved Patient Access**

- Children's National Medical Center, the Department of Health, DC General Hospital, and Howard University and Hospital formed a partnership in the District of Columbia, to reduce perinatal transmission and provide comprehensive, coordinated, family-centered care and access to research for infected women, children, youth, and their families. This partnership is known as Family Connections.
- Family Connections involves consumers in program planning, implementation, and evaluation and establishes linkages with the community. Family advocates, located at the partner organizations, encourage family involvement in program planning, implementation, and evaluation. They also help recruit and retain clients in care.
- DC General Hospital, one of the Title IV provider agencies, is the largest provider of HIV-related health services for poor and underserved families living in DC. In 1997, the Family First Program was established which utilizes transportation and childcare services to facilitate access to services.
- Howard University Hospital, Children's National Medical Center, and Washington Hospital Center offer ongoing HIV-related research opportunities, related to women and children, and enrolled 45% of these clients in research in 1998.

► **Improved Patient Outcomes**

- Family Connections reported that the rate of perinatal HIV transmission continues to decrease with the use of a ZDV regimen. A recent study showed a 5% transmission rate among those clients who completed the ZDV regimen.

► **Cost Savings**

- Coordinated and co-located services for women and children reduced the costs of transportation and childcare by reducing the number of needed visits to various health care organizations.
- Family advocates compliment the case-manager role by supporting families around compliance with appointments and medication regimes; thus, reducing personnel costs by using paraprofessionals and reducing health care costs when families adhere to treatments.

Special Programs of National Significance (SPNS): District of Columbia

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	1	1	1	
Total SPNS Funding in State	\$382,924	\$430,957	\$468,195	\$1,282,076

Project Descriptions

► Center for Women Policy Studies

Location: Washington

Project period: 10/94 - 9/99

Population Served: HIV-infected women and their service providers

Description of Services: The Center for Women Policy Studies brings service organizations and HIV-positive women together as equal partners to reduce barriers to care and incorporate the perspectives of women in the formulation of public policy to ensure equitable treatment. Its service area includes the District of Columbia and parts of Maryland, Virginia, and West Virginia. Project efforts seek to reduce cultural, linguistic, and organizational barriers through needs assessments, capacity building, information dissemination, and policy development. The center sponsors focus groups, information-sharing meetings for women and service providers, roundtable discussions, training and skills building, technical assistance, and needs assessments. It also develops strategies to help other agencies in the Washington, DC metropolitan area improve their services for this underserved population.

Project Highlights

- The Metro DC Collaborative provided a range of activities to build capacity, including training of trainers and providers, organizational development, and technical assistance.
- The Collaborative created a system for involving HIV-positive women in program and policy development at the local and national level. It identified barriers to care encountered by women with HIV/AIDS and worked with them to develop policy plans in response to their needs. It also developed a comprehensive policy plan focusing on the housing needs of women with HIV/AIDS.

- The Collaborative forged relationships with organizations that traditionally have not worked together and increased collaborations among a large network of service providers, community-based organizations, and other CARE Act grantees.
- Project staff conducted initial and follow-up assessments of local service providers and built capacity at these agencies through training, organizational development, and technical assistance focusing on the special needs of women with HIV/AIDS.
- The project produced and disseminated information-sharing reports and a collaborative newsletter.

AIDS Education and Training Centers: District of Columbia

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Mid-Atlantic AETC
- ▶ States Served: Delaware, District of Columbia, Maryland, Virginia, West Virginia
- ▶ Primary Grantee: Virginia Commonwealth University, Richmond, VA
- ▶ Subcontractors in State: George Washington Univ., Div. of Health Promotion - Washington
Howard University Hosp, Ambulatory Care Center - Washington

Funding History

Year	1996	1997	1998	Total
Total AETC Funding for State	\$407,030	\$305,272	\$410,000	\$1,122,302

Training Highlights from FY 1997

- Mid-Atlantic AETC performance sites conducted courses on a variety of training topics. These include:
 - “HIV Prevention Counseling: The Facts,” conducted by the performance site located at Inova in Fairfax, Virginia, provided seven hours of training on prevention of perinatal transmission, adolescents and HIV, antiretroviral therapy, early intervention and management, epidemiology, ethical/legal issues, infection control, psychosocial issues, risk assessment and sexual history taking, and substance abuse.
 - The West Virginia performance site provided a training titled “New Modalities in HIV Therapy.” Topics covered included: clinical manifestations of HIV disease; combination therapy; early intervention and management; epidemiology; ethical/legal issues; immunology/virology; viral load testing; and workplace issues. Collaborating organizations included the local hospital nursing development department.
 - A course titled, “AIDS Awareness in Howard University” was conducted by the Washington, D.C. performance site. Topics covered during the course included: adolescents and HIV; early intervention and management; epidemiology; prevention and behavior change; racial and ethnic minority issues; HIV and women; and testing and counseling.

- The STD/HIV Conference, held in November 1997 by the Delaware performance site, provided information on a wide range of HIV-related topics.
- The Maryland performance site's "AIDS Service Medical Provider Seminar" provided information on barriers to education; cultural competency; clinical manifestations; antiretroviral therapies and viral load testing; and tuberculosis.

HIV/AIDS Dental Reimbursement Program: District of Columbia

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	3	3	3	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$107,923	\$187,293	\$218,011	\$513,227

Accomplishments

Est. clients served, 1996:	1,422
Men:	55%
Women:	45%

<13 years old:	12%
13-19 years old:	3%
20+ years old:	85%

HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
Children's National Medical Center	Washington
Howard University School of Dentistry	Washington
Washington Hospital Center	Washington